PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

DATE DUE

(703) 746-4000 or Fax

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

34610

APPLN. TYPE

7590

09/27/2004

FLESHNER & KIM, LLP P.O. BOX 221200 CHANTILLY, VA 20153

12/16/2004 SFELEKE2 00000095 09522562

01 FC:1501

1400.00 OP

SMALL ENTITY



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

, on the date mulcated below.	Islinited to the OSF 10 (703) 740-4000,
(Depositor's name	
(Signature	
(Date	
	·

TOTAL FEE(S) DUE

APPLICATION NO.	FILING DATE	FILING DATE FIRST NAMED INVENTOR ATTORNEY DO		CONFIRMATION NO.
09/552,562	04/19/2000	Sun Gil Kim	K-164	3974

TITLE OF INVENTION: DEVICE FOR TRANSMISSION/RECEPTION OF FACSIMILE DATA IN WIRELESS LOCAL LOOP (WLL) SYSTEM

ISSUE FEE

nonprovisional	NO	2000	\$1,400.	\$0	•	350 \$1,40°· - 12/27/2004
EXAMIN	IER	ART UNI	r [·	CLASS-SUBCLASS	1	
CARTER,	TIA A	2626	· · · · · · · · · · · · · · · · · · ·	358-001150	-	
1. Change of correspondence at CFR 1.363). Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.	nce address (or Change of) attached. n (or "Fee Address" Indica	Correspondence	(1) the nam or agents O (2) the nam registered a 2 registered	ng on the patent front page, less of up to 3 registered pater, alternatively, e of a single firm (having as ttorney or agent) and the nan patent attorneys or agents. I ume will be printed.	nt attorneys a member a nes of up to	1 FLESHNER & KIM, LLP 2 3
3. ASSIGNEE NAME AND R	ESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)		
PLEASE NOTE: Unless a recordation as set forth in 3	n assignee is identified be 7 CFR 3.11. Completion	elow, no assignee of of this form is NOT	ata will appe a substitute f	ar on the patent. If an assig or filing an assignment.	nee is identifie	ed below, the document has been filed
	E	(B)	RESIDENCI	E: (CITY and STATE OR CO	UNTRY)	
(A) NAME OF ASSIGNED LG INFORMATION		ions, LTD.	Seou	l, Korea	ŕ	
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er	N & COMMUNICAT ssignee category or catego sclosed:	ries (will not be pri	nted on the pa	tent): Individual (ce(s):		other private group entity Governme
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er Issue Fee (\$1,400)	N & COMMUNICAT ssignee category or categoriclosed:	ries (will not be pri 4b.	Payment of F	tent): Individual $\sum_{k=0}^{\infty} C_k$ (ee(s):	nclosed. (#1	other private group entity Governments
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er	N & COMMUNICAT ssignee category or catego sclosed: 0.00) all entity discount permitte	ries (will not be pri 4b.	Payment of F A check in Payment t	tent): Individual (ee(s)): the amount of the fee(s) is e y credit card. Form PTO-203 tor is hereby authorized by	nclosed. (#] 8 is attached.	
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er Issue Fee (\$1,400) Publication Fee (No sm	N & COMMUNICAT ssignee category or catego sclosed: 0.00) all entity discount permitte copies	ries (will not be pri 4b.	Payment of F A check in Payment b A payment b Deposit Acco	tent): Individual (ee(s): a the amount of the fee(s) is e by credit card. Form PTO-203 tor is hereby authorized by unt Number 16-0607	nclosed. (#] 8 is attached. charge the requ	13189/#142727\$1,400.0 uired fee(s), or credit any overpayment, close an extra copy of this form).
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er Issue Fee (\$1,400 Publication Fee (No sm Advance Order - # of C 5. Change in Entity Status (f a. Applicant claims SM	N & COMMUNICAT ssignee category or categoriclosed: 0.00) all entity discount permitte copies rom status indicated above ALL ENTITY status. See	4b. ed)	Payment of F A check in Payment b Payment b A check in Payment b Deposit Acco	tent): Individual (ee(s)): In	nclosed. (#] 8 is attached. charge the requester.	13189/#142727\$1,400.0 uired fee(s), or credit any overpayment, close an extra copy of this form).
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er Issue Fee (\$1,400 Publication Fee (No sm Advance Order - # of C 5. Change in Entity Status (f a. Applicant claims SM	N & COMMUNICAT ssignee category or categoriclosed: 0.00) all entity discount permitte copies rom status indicated above ALL ENTITY status. See	4b. ed)	Payment of F A check in Payment b Payment b A check in Payment b Deposit Acco	tent): Individual (ee(s)): In	nclosed. (#] 8 is attached. charge the requester.	13189/#142727\$1,400.0 uired fee(s), or credit any overpayment, close an extra copy of this form).
LG INFORMATION Please check the appropriate a 4a. The following fee(s) are er Issue Fee (\$1,400 Publication Fee (No sm Advance Order - # of C 5. Change in Entity Status (f a. Applicant claims SM	N & COMMUNICAT ssignee category or categoriclosed: 0.00) all entity discount permitte copies rom status indicated above ALL ENTITY status. See	4b. ed)	Payment of F A check in Payment b Payment b A check in Payment b Deposit Acco	tent): Individual (ee(s)): In the amount of the fee(s) is ency credit card. Form PTO-203 tor is hereby authorized by unt Number 16-0607. In tis no longer claiming SMA (a) or to re-apply any previous other than the applicant; a result.	nclosed. (#] 8 is attached. charge the requested (encountry) ALL ENTITY solly paid issue for pastered attorne	13189/#142727\$1,400.0 uired fee(s), or credit any overpayment, close an extra copy of this form). status. See 37 CFR 1.27(g)(2). tee to the application identified above. by or agent; or the assignee or other party

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.